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Division of Corporations Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number: I20010000062 Phone: (323)962-8500 : (323) 962-3889 Fax Number

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## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION MARINE TOOLS L.P.

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## COVER LETTER

10:	Division of					
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	N	ame of Florida Limited Pa				
The en	nclosed Certif	icate of Amendment a	ınd fee(s	) are sub	mitted	for filing.
Please	return all cor	respondence concerni	ing this n	natter to:		
		Imelda Vasquez			_	
		Contact Person				
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		Firm/Company				
	100	W. Broadway Suite	100		_	
		Address				
		Blendale, CA 91210	ł			
		City, State and Zip Code			~	
	tony@pea	acockproductionstud	dios.con	n		•
E	-mail address: (to	be used for future annual	report no	tification)	<del>-</del>	
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	Imelda	. Vasquez	at (	323	_)	962-8600
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	assec, FL 323			_ 37110411	,	

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

TALLAHASSEE, FLORIDA
----------------------

	OF	•
MARIN	E TOOLS L.P.	•
Insert name currently on		nent of State
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi 04/16/2013, assigned Fladopts the following certificate of amendment to	ficate was filed with lorida document nun	the Florida Department of State on iber A13000000203
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of the here</u> :	limited partnership	or limited liability limited partnership
New name must be distingui	shable and contain an ac	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	ship, Limited, L.P., LP, c : Limited Liability Limite	or Ltd. ed Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	cipal office address,	enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	701 Enterprise   Suite 203 Safety Harbor, I	
New Mailing Address: (May be post office box)	701 Enterprise Suite 203 Safety Harbor,	
C. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:	stered office address fice address here:	on our records, enter the name of the
New Registered Office Address:	Enter Flori	da street address
		. Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

<u>tie</u>	Name	Address	Type of Action
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<del></del>			
			Remove
			Add
<del></del>			DAdd
	partnership or limited liability hip" status, enter change here:	limited partnership is	amending its "limite

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	rmation, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
The address of the following g	eneral partner s	hall be:
Tony Peacock, 3693 Hollow Ti	rall Ct., Palm Ha	urbor, FL 34684
Effective date, if other than the de (Effective date cannot be prior to nor mo State.)	ate of filing; ore than 90 days after	r the date this document is filed by the Florida Department of
Signature(s) of a general partne	r or all general r	>artners*:
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	nership" election stat	n this document unless the limited partnership is adding or tement. Chapter 620, F.S., requires all general partners to sighip" election statement.)
Signature(s) of all new or dissoc	isting general na	artner(s), if any
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Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	·	